



AVON
the company for women

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SUFFERN, NY 10901
FAX NO. (845) 369-2900

TO: Examiner Gina Yu
COMPANY: USPTO
FAX #: 703 - 308-4242
FROM: Rupa Sen / Avon Products, Inc.
DATE: March 5, 2003
SUBJECT: US Patent Ser. No., 09/723508

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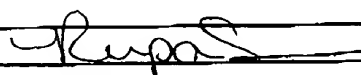
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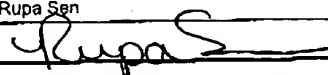
1. Transmittal Form (1page);
2. Fee Transmittal in duplicate (2 pages);
3. Petition for Extension of Time in duplicate(2 pages);
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5. Statement Under 37 CFR 3.73(b) (1 page);
6. Certificate of Transmission under 37 CFR 1.8 (1page); and
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| | | | |
|--|----------------------|------------------------|-------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/723,508 | |
| | Filing Date | November 28, 2000 | |
| | First Named Inventor | Anderson | |
| | Art Unit | 1614 | |
| | Examiner Name | Yu, Gina | |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | 680.0037USU |

| ENCLOSURES (Check all that apply) | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Certificate of Transmission (18) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| | |
|--|---|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm or Individual | Rupa Sen 42, 139 |
| Signature |  |
| Date | March 5, 2003 |

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| Typed or printed | Rupa Sen |
| Signature |  |
| Date | 3-5-03 |

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| FEE TRANSMITTAL for FY 2003 | | Complete if Known | |
|--|--|----------------------|-------------------|
| Effective 01/01/2003. Patent fees are subject to annual revision. | | Application Number | 09/723,508 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | November 28, 2000 |
| TOTAL AMOUNT OF PAYMENT (\$) | | First Named Inventor | Glen Anderson |
| 194.00 | | Examiner Name | Yu, Gina |
| | | Art Unit | 1614 |
| | | Attorney Docket No. | 680.0037USU |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
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| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Deposit Account: | | Large Entity Small Entity | |
| Deposit Account Number: 01-30-40 | | Fee Code Fee (\$) | |
| Deposit Account Name: Avon Products, Inc. | | Fee Code Fee (\$) | |
| The Commissioner is authorized to: (check all that apply) | | Fee Description | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | Fee Paid | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | | |
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| FEE CALCULATION | | | |
| 1. BASIC FILING FEE | | | |
| Large Entity Small Entity | | | |
| Fee Code Fee (\$) | | | |
| Fee Code Fee (\$) | | | |
| Fee Description | | | |
| Fee Paid | | | |
| 1001 750 2001 375 Utility filing fee | | | |
| 1002 330 2002 165 Design filing fee | | | |
| 1003 520 2003 260 Plant filing fee | | | |
| 1004 750 2004 375 Reissue filing fee | | | |
| 1005 160 2005 80 Provisional filing fee | | | |
| SUBTOTAL (1) (\$) | | | |
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| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Total Claims 20 | | | |
| Independent Claims 5 | | | |
| Multiple Dependent | | | |
| Extra Claims | | | |
| Fee from below | | | |
| Fee Paid | | | |
| 20 - 20 = 0 | | | |
| 5 - 5 = 0 | | | |
| 0 - 0 = 0 | | | |
| SUBTOTAL (2) (\$) | | | |
| 84.00 | | | |
| | | | |
| Large Entity Small Entity | | | |
| Fee Code Fee (\$) | | | |
| Fee Code Fee (\$) | | | |
| Fee Description | | | |
| Fee Paid | | | |
| 1202 18 2202 9 Claims in excess of 20 | | | |
| 1201 84 2201 42 Independent claims in excess of 3 | | | |
| 1203 280 2203 140 Multiple dependent claim, if not paid | | | |
| 1204 84 2204 42 ** Reissue independent claims over original patent | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (3) (\$) | | | |
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| Other fee (specify) | | | |
| Reduced by Basic Filing Fee Paid | | | |
| SUBTOTAL (3) (\$) | | | |
| 110.00 | | | |

| SUBMITTED BY | | (Complete if applicable) | |
|-------------------|-----------------|-----------------------------------|--------------|
| Name (Print/Type) | Rupa Sen | Registration No. (Attorney/Agent) | 42,139 |
| Signature | <i>Rupa Sen</i> | Telephone | 845-369-2493 |
| | | Date | 3-5-03 |

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